Practice Gaps, Learning Needs, & Outcome Objectives
For Regularly Scheduled Series (Grand Rounds, Tumor Boards, etc.)

Activity Directors and other Planners of Regularly Scheduled Series (grand rounds, etc.) that contain multiple presentations on multiple topics sometimes struggle to provide a unifying practice gap explanation, as well as matching learning needs and outcome objectives that provide specific information, while also being general enough to accommodate disparate presentations over the course a year.

The following examples are broad enough to encompass multiple topics of discussion, but also specific enough to understand the gap(s) in practice that need to be closed, as well as the types of knowledge (learning needs) and outcome objectives that participants are expected to achieve.

**EXAMPLE 1**

**Practice Gap Description (Psychiatry - Interpersonal and Communication Skills):**

We have identified problems in accessing resources, coordinating care, and identifying opportunities to improve care. Instead of relying on a recommendation in a discharge or consult note, providers will be able to address challenges with patients, family, and other clinicians involved in care by meeting with them in person and/or sharing recommendations through electronic media, such as MyChart, which enables two-way communication.

**Learning Needs (Psychiatry - Interpersonal and Communication Skills):**

1. How to compare own practices with current standards of practice.
2. How to access resources in the RBHA (Regional Behavioral Health Authority)
3. How to incorporate techniques of risk operationalization.

**Outcome Objectives (Psychiatry - Interpersonal and Communication Skills):**

1.) Develop integrated treatment plans based on evidence-based medicine.
2.) Manage physical aspects of psychiatric conditions.
3.) Reduce fragmentation of care between care sectors (e.g. hospital vs. outpatient)
EXAMPLE 2

Practice Gap Description (Pathology – Medical Knowledge):

Practitioners need to adhere to current standards of care, including the entire cancer team of radiologists, pathologists, surgeons, radiation oncologists and medical oncologists. Recent ASCO reviews show genomic testing for breast cancer to improve chemotherapy targeting. Also, mammoprint has been shown to be better than Oncotype DX for prediction. But, not all our providers are aware of these changes, so we are in the process of changing how we do genomic testing in order to establish better chemotherapy benefits.

Learning Needs (Pathology – Medical Knowledge):

1.) How to compare Oncotype Dx to mammoprint, as reviewed in ASCO
2.) How to follow optimal testing protocols
3.) How to communicate the testing modality and results to patients

Outcome Objectives (Pathology – Medical Knowledge):

1.) Select which patients will benefit from chemotherapy
2.) Utilize optimal genomic testing protocols
3.) Ensure patients are comprehensively updated on how they were tested and the results thereof.

EXAMPLE 3

Practice Gap Description (Neurosurgery – Patient Care):

Neurosurgeons are required to progress in patient care skills for distinct categories of illness (i.e. vascular, neoplastic, congenital, degenerative inflammatory/infectious and traumatic neurosurgical disease) including detailed understanding of anatomy and pathophysiology of the full diverse spectrum of neurosurgical disease. They must understand currently-accepted standard neurosurgical treatment protocols, which this evidence-based conference provides through disease-specific presentations and updates on current peer-review neurosurgical literature relevant to treatment of each category of disease discussed.

Learning Needs (Neurosurgery – Patient Care):

1.) Learn standard neurosurgical clinical intensive care protocols for optimal management of patients diagnosed with traumatic brain injury.
2.) Learn standard neurosurgical clinical intensive care protocols for optimal management of patients diagnosed with brain tumors.
3.) Learn standard neurosurgical clinical intensive care protocols for optimal management of patients diagnosed with medically intractable epilepsy.
**Outcome Objectives (Neurosurgery – Patient Care):**

1.) Implement standard neurosurgical clinical intensive care protocols for optimal management of patients diagnosed with traumatic brain injury.
2.) Implement standard neurosurgical clinical intensive care protocols for optimal management of patients diagnosed with brain tumors.
3.) Implement standard neurosurgical clinical intensive care protocols for optimal management of patients diagnosed with medically intractable epilepsy.

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**EXAMPLE 4**

**Practice Gap Description (Medicine – Medical Knowledge):**

We have determined that the science behind evolving medical therapies in Internal Medicine is a critical knowledge gap to bridge. Specific areas for focus include coagulation abnormalities in cardiovascular and liver disease, inflammatory and vascular mechanisms of organ damage in lung and kidney disease, and new data emerging related to precision care for medical disorders based on assessments of genetic risk. Our grand round for this year is mainly designed to close knowledge gaps in these areas.

**Learning Needs (Medicine – Medical Knowledge):**

1.) How coagulation pathways are affected in liver disease to promote a more rational use of coagulation factors.
2.) How to find and interpret data on genetic risk in specific common Internal Medicine disease states.

**Outcome Objectives (Medicine – Medical Knowledge):**

1.) Educate patients and design specific therapies and lifestyle changes based on genetic risk.
2.) Use expensive and potentially risky coagulation factors in an appropriate way in liver and cardiovascular diseases.